

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031386

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1074

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 11 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 76 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunnyslope Nursing Home		d. STREET ADDRESS (If outside, give location) 2805 Oak Street	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT RADFORD GERRARD			4. DATE OF DEATH Month Day Year August 29 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-1881	9. AGE (last birthday) 82	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Theatrical Stage Employee			11. BIRTHPLACE (City and state or country) Manchester, England		
13a. FATHER'S NAME Robert Gerrard			14. NAME OF HUSBAND OR WIFE Emma Gerrard		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Wife Mrs. Emma Gerrard Address 2805 Oak Street St. Joseph, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fever of unknown origin, gross DUE TO (b) oc pyelonephritis DUE TO (c) [Redacted]		INTERVAL BETWEEN ONSET AND DEATH ± 1 day	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 8-29-63 to 8-29-63 and last saw him alive on 8-29-63 Death occurred at 8-29-63 m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) William H. Ames, M.D.	22b. ADDRESS 322 Edmund St.	22c. DATE SIGNED 8-31-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-1963	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR Meierhoffer-Fleeman Funeral Home, Inc.	25. DATE RECD. BY LOCAL REG. Sept. 9, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
W.H. Ames, M.D.

VS 300
Rev. 4/59
1 5117
2 5117
3 2
4 0
5 1
6
7 2
8 2
9 6000
10
11
12 86-0
13 1-0

SEP 11 1963

Permit issued 9-6-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nata Merichopp

Licensed Embalmer No. 4244

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.